

**EMPLOYERS AND LABORERS LOCALS 100 & 397
SUPPLEMENTAL ANNUITY PLAN**

DESIGNATION OF BENEFICIARY

SECTION I – PARTICIPANT INFORMATION

Name: _____ Social Security Number: _____ - _____ - _____

- Married – Check this box if you are married, complete Section II and sign below. Have your spouse complete the Spousal Consent section if your spouse is not the sole primary beneficiary.
- Unmarried – Check this box if you are unmarried, complete Section II and sign below.

SECTION II – DESIGNATION OF BENEFICIARY

Primary Beneficiary(ies):	Relationship:
Contingent Beneficiary(ies):	Relationship:

SECTION III – SPOUSAL CONSENT

THIS SECTION TO BE COMPLETED ONLY IF PARTICIPANT IS MARRIED AND DOES NOT DESIGNATE HIS/HER SPOUSE AS SOLE PRIMARY BENEFICIARY

I understand that if the Primary Beneficiary is someone other than myself, I am giving up any death benefit due me by giving my consent to the above Designation of Beneficiary.

I understand that without my consent to the Beneficiary Designation, I am entitled to the death benefit payable to a spouse under Plan provision in the absence of a Beneficiary Designation Form. The remaining death benefits, if any, not payable to me, will be payable to the beneficiaries designated by the participant.

I **DO** consent to the Beneficiary selection.

I **DO NOT** consent to the Beneficiary selection.

_____	_____
Signature of Spouse	Date

The person signing above appeared before a notary public and made the election as a voluntary act and deed.

_____	_____	
Signature of Notary	Date	NOTARY SEAL (REQUIRED)

SECTION IV – PARTICIPANT'S SIGNATURE

I reserve the right to change the beneficiary(ies) at any time by giving notice to the Trustees in writing. This designation revokes any previous designation of beneficiary(ies).

_____	_____
Participant's Signature	Date
_____	_____
Witness' Signature	Date

**Please return this completed form
(with Notary signature and seal, if appropriate)
to:**

Ekon Benefits, Inc.
4940 Washington Avenue
St. Louis, MO 63108

in the enclosed, self-addressed envelope.

**If you have any questions please call
Cheryl Holtmann at 314-367-6555.**